



**City of
Norfolk**

DEPARTMENT OF PLANNING

Room 508 – City Hall Building

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

Board of Zoning Appeals Application

1. Address of Property:

2. Name of Property Owner:

3. I request that a hearing be scheduled before the Board of Zoning Appeals to hear a request for:

- a. ____ A variance from the regulations of the Zoning Ordinance.
- b. ____ An appeal from the decision of the Zoning Administrator
- c. ____ An interpretation of the Zoning District Boundaries.
- d. ____ An appeal of a Zoning Violation Notice.

4. Lot numbers _____ Block Number _____ Lot Size _____

Subdivision or Plat _____ Land Zoned _____

5. Present Use/Number of structures/Land Improvements: _____

6. State the proposed use and what effect, if any, the granting of this appeal will have on the surrounding property.

7. State the reason(s) this appeal should be granted. (Additional sheets may be attached)

8. Has an appeal been filed for this property within the last year? _____

9. Is this property currently under any legal action? If so, please explain.

10. I attest that all statements, documents, plans, and other supporting data relative to this appeal and submitted herewith are true to the best of my knowledge and belief.

(Signature of property owner)

(Date application submitted)

(Mailing address)

(City) (State) (Zip Code) (Telephone)

11. If the owner of the property elects representation before the Board by Counsel, Agent, or Others, acting on behalf of the owner, the following information must be provided.

(Name of Representative)

(Title)

(Address)

(City) (State) (Zip Code) (Telephone)

(Signature of Representative)

(Date)

(Signature of property owner)

(Date)

Note: Property listed on this application will be photographed by this Department prior to the hearing date.